

Arterial line pathway

| | |
|----------------------|------------------|
| Patients name | Batch no: |
| DOB | |
| Unit number | |
| Consultant | |

Date:.....

Time:.....

Inserted

by:..... Signature:..... Designation:.....

Observer:..... Signature:..... Designation:.....

Indication for insertion:.....

Consent:

Informed

Implied

Unable

INSERTION PROCEDURE CHECKLIST:

| Action: | Yes | No |
|------------------------------------------------------------------------------------------------------------|------------|-----------|
| Hands washed as per protocol | | |
| Appropriate PPE worn | | |
| Arterial line procedure pack used | | |
| Maximum barrier precautions | | |
| Skin decontaminated with chlorhexidine 2% and 70% alcohol or betadine if patient allergic to chlorhexidine | | |
| Sutures used | | |
| Dressing applied. Date and time recorded on dressing | | |

Insertion site: Right Left

Number of attempts.....

Indicate if radial not used.....

Additional documentation:.....

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